

PUBLIC UTILITIES COMMISSION

505 Van Ness Avenue
San Francisco, CA 94102-3298

400

Period: 172

IMPORTANT: Read the instructions before completing this statement. This report is due, with payment, by July 17, 2017. Call FISCAL at (415) 703-1751 or 1752 for further inquiries.

A 25% PENALTY WILL BE IMPOSED IF NOT MAILED AND POSTMARKED ON OR BEFORE August 14, 2017.

Quarterly fee statement for PUC Transportation Reimbursement Account (PUCTRA), Passenger Vehicle operators, pursuant to Public Utilities Code sections 401-443.

Reporting period is: April 1, 2017 to June 30, 2017

Carriers and related businesses shall make payment of the fee to the Commission on or before **July 17, 2017** consistent with section 423 (B) of the California Public Utilities Code.

Gross California intrastate passenger revenue (round to nearest dollar):

1. Total revenue earned from all passenger operations for the reporting period\$ _____
2. Revenue earned from California intrastate subcarrier passenger operations
(you worked for another carrier) . . . Attach a Fee Paid Statement \$ _____
3. Revenue subject to fee: (line 1 - line 2 = line 3) \$ _____
4. Enter Revenue from line 3 for small vehicles (seating **15 or fewer** passengers) \$ _____
5. Multiply line 4 by 0.0033 \$ _____
6. Enter Revenue from line 3 for vehicles seating **16 or more** passengers \$ _____
7. Revenue from line 6 exempt from fees due to federal
"CHARTER BUS TRANSPORTATION" preemption \$ _____
8. Subtract line 7 from line 6 \$ _____
9. Multiply line 8 by 0.0025 \$ _____
10. Revenue fees due (add line 5 and 9) \$ _____
11. Quarterly Fee \$ 10.00
12. Total PUCTRA fees due (lines 10 and 11) \$ _____
13. If not postmarked by August 14, 2017, add 25% penalty:
Multiply line 12 by 0.25 \$ _____
14. Amount Due: (add lines 12 and 13) \$ _____
15. Gross earnings paid by you to your subcarriers in reporting period: \$ _____

VERIFICATION: I hereby declare under penalty of perjury that the foregoing information has been taken from the books of account and is true and correct to the best of my knowledge and belief.

Type or print name and title

Area code and phone number

Signature

Date

RETURN THIS COPY WITH PAYMENT. MAKE A COPY FOR YOUR RECORDS.